



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1623-MC

DATE: February 24, 2016

TO: Iowa Medicaid Integrated Health Homes (IHH), Clinical Social Workers, Case Managers, Targeted Case Managers, Behavioral Health Intervention Service (BHIS) and Behavioral Health Service Providers

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Autism Related Services and Supports

EFFECTIVE: January 1, 2016

Effective for dates of service on or after January 1, 2016, the IME is responsible for coverage of Medicaid funded autism related services previously paid through Magellan until the launch of the IA Health Link on April 1, 2016. This letter provides an update regarding billing the IME for Autism related services during this transition period. This letter does not address the non-Medicaid Autism Support Program. If you have questions regarding this program contact Connie Fanselow at cfansel@dhs.state.ia.us.

Authorization for Autism Related Services for Dates of Service on or after January 1, 2016, through March 31, 2016:

Autism related services are approved through the treatment plan development process facilitated by the clinical social worker, BHIS or behavioral health service provider and no formal requirement for prior authorization is required by the IME.

Billing the IME for Autism Related Services for Dates of Service on or after January 1, 2016, through March 31, 2016:

When billing the IME please use the following procedure codes and modifiers as applicable:

Service Definition	Procedure Code	Behavior Analyst Modifier	Assistant Behavior Analyst or Non-Certified Support Staff Modifier
Skills training and development, social skills group, per 15 minute	H2014	HO or HP	HN
Direct Applied Behavior Analysis (ABA) services by a paraprofessional or Board Certified Behavior Analyst	H2019	HO or HP	HN

(BCBA) provider, per 15 minute			
Functional behavioral assessment, per hour	H0031	HO or HP	
Functional behavioral assessment, per 15 minute	H0032	HO or HP	
Case oversight and management of treatment team by licensed MH professional or certified BCBA, per 15 minute	G9012	HO or HP	
Home care training to home care client, per 15 minute	S5108	HO or HP	HN
Home care training to home care client, per 15 minute	S5110	HO or HP	HN

Modifier	Modifier Description
HP	Doctoral level (board certified behavior analyst)
HO	Master's degree level (board certified behavior analyst)
HN	Assistant Behavior Analyst or Non-Certified Support Staff Modifier

The IME has detailed claim form instructions for all providers which are found on the DHS [Claim Forms and Instructions](#)¹ web page.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at IMEproviderservices@dhs.state.ia.us.

¹ <https://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage>